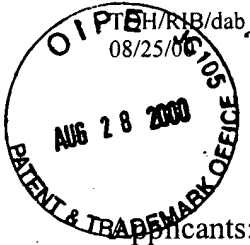


AF/44#11  
J. Douglas  
9/1/00



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

RECEIVED  
AUG 30 2000  
TC 2700 MAIL ROOM

Applicants: Jeffrey Jacobsen, John C.C. Fan, Stephen A. Pombo, Matthew Zavracky,  
Rodney Bumgardner, Alan Richard and Wen-Foo Chern

Serial No.: 08/966,985      Group Art Unit: 2778

Filed: November 10, 1997      Examiner: J. Piziali

For: REFLECTIVE MICRODISPLAY FOR PORTABLE COMMUNICATION  
SYSTEM

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>8/25/00</u> Date	<u>Donna Bartolone</u> Signature
DONNA BARTOLONE Typed or printed name of person signing certificate	

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated February 25, 2000 of the Primary Examiner finally rejecting claims 1-27. The item(s) checked below are appropriate:

- ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated February 25, 2000 for three months from May 25, 2000 to August 25, 2000.
- ☒ A ☐ month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
- ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

58695680 65000000  
08/29/2000 CVD0111  
01 FC:119  
02 FC:117  
300.00 OP  
870.00 OP

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three months		\$ 870.00
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension	( <input type="checkbox"/> mo.)	\$ _____
	Less fee paid	( <input type="checkbox"/> mo.)	- \$ _____
	Balance of fee due		\$ 0
<input type="checkbox"/>	Oral Hearing		\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal		\$ 300
<input type="checkbox"/>	Other _____		\$ _____
		TOTAL	\$ 1170

## 5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$1170.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

Raymond I. Buttomesso, Jr.

Registration No.: 33,840

Tel.: (781) 861-6240

Fax: (781) 861-9540

Lexington, Massachusetts 02421-4799

Date: 25 Aug-97 2000